DEDec.	ՀՄ⊢ ՀՄΤℨ≃ͺͺ3∶ͺͰ/,Υ∖ RS FOR MEDICARE	AND 9N 1CU SERVICES & MEDICAID SERVICES	45	d	- 1/10//IU	FUKM.	12/10/2013 APPROVED		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			OMB NO. 0938-0391 (x3) DATE SURVEY COMPLETED			
NAME OF A		445328	B. WING			12/0	04/2013		
NAME OF PROVIDER OR SUPPLIER FORT SANDERS TOU				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 CLINCH AVE KNOXVILLE, TN 37916					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE		
F 000	INITIAL COMMENT		F	000					
F 371 SS=C	Investigation #TN3: to December 4, 20° related to the comp 482.13, Requireme 483.35(i) FOOD PF	icalion Survey and Complaint 2931 conducted December 2, 13, no deficiencies were cited laint under 42 CFR Part hts for Long Term Care. ROCURE, SERVE - SANITARY	F	371	٠.				
	considered salisfact authorities; and	om sources approved or story by Federal, State or local distribute and serve food tilions							
	This REQUIREME	∜T Is not met as evidenced			 Food items that were found in past the labeled expiration discarded were immediately discarded were not served to any resident 	ate and	12/2/13		
	by: Based on observal	lon and interview, the facility and equipment in a sanitary			 Process for use of jello "stack pans" or covers of any sort, be changed so that any pans to stack items will be immed cleaned and sanitized after e use, which is the same proce 	is to used iately ach	1/15/14		
	In the kitchen, reve Jello, cut in cubes, "date prepared N date November 26, observation reveals prepared Jello, in re	ed an additional four pans of efrigrator #2, labeled "date er 23, 2013expiration date			 All staff is to complete in-ser training regarding the change process and will also be reeducated in regards to pro labeling procedures as per o Food and Supply Storage por series of the state of the	rvice ge in per ur	1/15/14		
ABORATORY	OFFECTOR'S OR PROVIDE	PER/SUPPLIER REPRESENTATIVE'S SIG	 NATURE		TITLE		(X6) DATE		

Any deficiency statement ending with an sterick (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BEXG11

Facility ID: TN4704

Dec. 20. 2013 3:17PM 9N ICU DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 92199RINP. 6 12/10/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE	(X3) DATE SURVEY COMPLETED				
^		445328	B. WING	;	· ·	404				
NAME OF PROVIDER OR SUPPLIER FORT SANDERS TOU				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 CLINCH AVE KNOXVILLE, TN 37916						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(XS) COMPLETION DATE			
F 371	Review of facility policy, Food and Suppy Storage Procedures, last revised January, 2012, revealed "cover, label and date unused portions and open packagesuse the (named facility's) orange		F:	371	 Food Services Department will implement a "Cooler/Freezer Items Labeling" checklist to be checked and initialed by both the AM and PM Supervisors daily. 		1/15/14			
	labelcomplete all sections on the label" Inteview with the contractor's Dietary Manager (DM) on December 2, 2013, at 9:15 a.m., in the kitchen, revealed "the Jello in refrigrator #2 was prepared today (December 2, 2013)they did not change the label and reused the plastic wrap				The checklist will be posted on all cooler and freezer doors and will be signed off by the Supervisor to state that the checks are completed.					
	covering" Continued interview with the DM confirmed the pans of Jello had expired on November 26, 2013, and were available for serving to the palients. Observation on December 3, 2013, at 10:10 a.m., in the clean diswashing area, revealed one fan hanging on the wall, in the on position, blowing directly on the clean area where the food trays				 The Food Service Director will perform unannounced, random audits of all freezers and coolers on a weekly basis to ensure compliance with all food storage 		Ongoing			
					policies for the duration minimum of 3 months.	nofa				
	are stored. Continu trays and food con the same area who stored, and the fan areas.	re stored. Continued observation revealed dirly ays and food containers from the cafeteria, in the same area where the clean food trays were tored, and the fan blowing on the dirly and clean reas.			The fan was relocated all feet from its prior positi it is no longer in the vici tray return area. The falso placed so that it does have on the clean side of the place of the clean side of the place o	ion, so that inity of the an was es not	12/12/13			
	10:10 a.m., in the o	M on December 3, 2013, at clean dishwashing area of the the fan was blowing on the as in the kitchen.			blow on the clean side t machine in any way an away from the dish ma completely.	d is angled				
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FORM CMS-2567(02-99) Previous Versions Obsciele

Event ID: BEXG11

Facility IO: TN4704

If continuation sheet Page 2 of 2

Brenda Ocuz

Administractor

12/20/13